PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number

08/934396

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	15 minus 20 =	*
INDEPENDENT CLAIMS	1 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

920

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
	395.00	OR		790.00
x$11=		OR	x$22=	
x41=		OR	x82=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	790

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x$11=		OR	x$22=	
x41=		OR	x82=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x$11=		OR	x$22=	
x41=		OR	x82=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x$11=		OR	x$22=	
x41=		OR	x82=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 08/934396

Total Fee Calculation

	Fee Code Sm./Lg.	Total # Claims	Number Extra	X	Fee Sm. Entity	Fee = Lg. Entity	Total
Basic Filing Fee	201/101				___	___	790
Total Claims >20	203/103	15	-20 = ___	X	___	___	___
Independent Claims >3	202/102	1	-3 = ___	X	___	___	___
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	___	130
English Translation	139						130

TOTAL FEE CALCULATION

1050

Fees due upon filing the application:

Total Filing Fees Due = $ 1650

Less Filing Fees Submitted - $ 0

BALANCE DUE = $ 1050

Shull Carmichael

Office of Initial Patent Examination